

Ohio Campaign Finance Report 10 PM 1:46

Prescribed by Secretary of State 3/05

								L la	ΙΥ <u> </u>		
Full Name of Committee					3	CARD	Registra	ti o n Num	ber\if P	AC	
Jay Perez for Judge	e Committee		i				<u> </u>				
Full Name of Candidate			r	,							
Jay Gregg Perez											
Street Address					Office Sought				District		
5 E Long Street, Ste	404				Judge						
City						S	tate	Zip Cod	е		
Columbus						0	Н	432	15		
Type of Report	Pre-Primary	Х	Post-Primary	Pr	e-General		Post-Ge	neral		Annual	Year
(place X to the left of report	July		August	Se	ptember					Semian	nual
type)	Monthly		Monthly	М	onthly		Termina	ıtion			
Amended Report?	_	ectronically					M		D		Y
Yes V No		Yes	∠ No	Date of Ele	ction	1	1	0	8	0	5

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	1,053.86
2. Total monetary contributions (From Form No. 31-A)	\$ 2,280.00
3. Total other income (From Form No. 31-A-2)	\$ 500.00
4. Total funds available (sum of lines 1, 2, 3)	\$ 3,833.86
5. Total monetary expenditures (From Form No. 31-B)	\$ 3,459.41
6. Balance on hand (line 4 minus line 5)	\$ 374.45
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$ 0.00
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$ 0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$ 500.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$ 3,126.41
11. Outstanding loans owed to committee (From Form No. 31-K)	\$ 0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$ 0.00
13. For Electronic Filing Entities only Sum of lines 2, 7 and amount of any new loans received this period	\$

				REPORT IS MADI GUILTY OF A FEL		, ,	·	ALSIFICATION	N. WHOEVER		
La	ayla Turba	ck, Tre	asurer			Mil	alus	acre	6_9	-05	
	t Name and Title (T			urer only)	Sign	nature				Date	_
	Contribution			Expenditure		,	Other		Total		
	pages	3		pages	5		pages	4	pages	12	
	-								_]

Page Total \$ 2,280.00

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full							
Jay Perez for Judge Committee							
Full Name of Contributor			Registrat	tion Numl	ber, if PA	С	
Lorant Ipacs						- (2 6	
Street Address	Employer/Occu	pation/Labor Organization				Form (Cash, Cl	ieck, etc.)
34 Lookout Lane			1 1/2		T V	check	
City	State	Zip Code	M	D	Y	Amount	100.00
Pataskala	ОН	43062	$0 \mid 4$	1 8	0 5		100.00
Full Name of Contributor			Registra	non Num	ber, if PA	C	
Clifford Lanthorn						Form (Cash, C	naak ata)
Street Address	Employer/Occi	ipation/Labor Organization				1	neck, etc.)
646 Covered Bridge Dr.		Tei o i	1 14	T 5	T V	check	
City	State	Zip Code	M	D	Y	Amount	100.00
Delaware	OH	43015	0 4	2 0			100.00
Full Name of Contributor			Registra	tion Num	ber, if PA	i.C	
William Lamkin						Form (Cash, C	haala ata \
Street Address	Employer/Occ	pation/Labor Organization					neck, etc.)
500 S. Front St, Ste 200		la: a :	1 14		ΙV	check	
City	State	Zip Code	M	D	Y	Amount	300.00
Columbus	OH	43215	0 4	2 0			300.00
Full Name of Contributor			Kegistra	uon Num	ber, if PA	iC .	
Contributions from Form 31-E						Form (Cash, C	haak ata \
Street Address	Employer/Occ	upation/Labor Organization				rom (Cash, C	neck, etc.)
	State	Zip Code	Тм	D	ΙΥ	Amount	
City	State	Zip Code	0 4	2 0	Ι.		750.00
E 1137		<u> </u>			ber, if PA	C.	700.00
Full Name of Contributor William Mann					,		
Street Address	Employer/Occ	upation/Labor Organization	L			Form (Cash, C	heck, etc.)
	Lampioy Cir Goo					check	
580 S. High St, Ste 200 City	State	Zip Code	М	D	Y	Amount	
Columbus	OLH		0 4	2 2	015		100.00
Full Name of Contributor		10210			ber, if PA	C	
Contributions from Form 31-E			ľ				
Street Address	Employer/Occ	upation/Labor Organization				Form (Cash, C	heck, etc.)
Street Address							
Oit.	State	Zip Code	М	D	Y	Amount	
City			015	1111	0 5	1	930.00
Full Name of Contributor					ber, if PA		
Pull Name of Contributor					•		
Street Address	Employer/Occ	upation/Labor Organization				Form (Cash, C	heck, etc.)
Succe Address							
City	State	Zip Code	М	D	Y	Amount	
City		·					
Full Name of Contributor			Registra	tion Nun	ber, if PA	IC .	
I this is a continuous							
Street Address	Employer/Occ	upation/Labor Organization				Form (Cash, C	heck, etc.)
Pri Ant 1 5000 AND							
	State	Zip Code	М	D	Y	Amount	
City			1	i .	1	-	
City							
		contributor is self-employed on	cupation rathe	r than em	ployer sh	ould be listed.	<u>. </u>
Required for contributions over \$100 to statewide and general asset if two or more employees contribute via payroll deduction and exceptions.	embly candidates. If o	contributor is self-employed, or	ccupation rathe	r than em	ployer sh	ould be listed. s, if any, must	

31-E R.C. 3517.10(B)

Event Date	04-20-05
Page	3

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Sec	retary of State 02/01			
Name of Committee in Full					
Jay Perez for Judge Committe	ee				
Full Name of Contributor			Registration N	lumber, if PAC	
Paula Brown Street Address	IE10/0	ation/Labor Organization*	M D	Y Amount	
	Employer/Occup	atton/Labor Organization	1 1	0 0 5	250.00
4634 Kingston Ct.	State	Zip Code	Form(Cash,Cl		230.00
Columbus	O H	43220	che		
Full Name of Contributor		10440		Number, if PAC	
Bruce Dooley				, , , , , , , , , , , , , , , , , , , ,	
Street Address	Employer/Occup	ation/Labor Organization*	M D	Y Amount	
252 W. 5th Ave			0 4 2	0 0 5	250.00
City	State	Zip Code	Form(Cash,Cl		
Columbus	O H	43201	che	eck	
Full Name of Contributor			Registration N	lumber, if PAC	
Jeffrey Mackey					
Street Address	Employer/Occup	ation/Labor Organization*	M D	Y Amount	
1549 Melrose Ave		·	0 4 2		250.00
City	State	Zip Code	Form(Cash,Cl		
Columbus	O H	43224	che		
Full Name of Contributor			Registration N	lumber, if PAC	
Street Address	[Fernlaus-/Ossue	ation/Labor Organization*	M D	Y Amount	
Street Address	Employer/Occup	auon/Laoor Organization	IM D	Y Amount	
City	State	Zip Code	Form(Cash,Cl	neck etc)	
		J., 5525	i omi(ousii,oi		
Full Name of Contributor			Registration N	lumber, if PAC	
			1		
Street Address	Employer/Occup	ation/Labor Organization*	M D	Y Amount	
City	State	Zip Code	Form(Cash,Ch	neck,etc)	
Full Name of Contributor			Registration N	lumber, if PAC	
			<u> </u>		
Street Address	Employer/Occup	ation/Labor Organization*	M D	Y Amount	
		In a v	7 (2) 5		
City	State	Zip Code	Form(Cash,Ch	leck,etc)	
Full Name of Contributor			Docistantian N	humban iCDAC	
ran Name of Contributor			Registration N	umber, if PAC	
Street Address	Employer/Occups	ation/Labor Organization*	M D	Y Amount	
	Zinpio) di Godapi				
City	State	Zip Code	Form(Cash,Ch	eck.etc)	
,				,	
		I			

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event	Total expenditures this event	
		Page Total \$ 750 00
750.00	348.81	

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Event Date	05-11-05
Page	4

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Sec	cretary of State 02/01		
Name of Committee in Full				
Jay Perez for Judge Committee Full Name of Contributor	.;		Projection Number 1804 C	
Ghassan Shihab			Registration Number, if PAC	
Street Address	Employer/Occur	pation/Labor Organization*	M D Y Amount	
6618 Traquair Place	2		0 5 1 1 0 5	500.00
City	State	Zip Code	Form(Cash,Check,etc)	200.00
Dublin	\cap H	43016	check	
Full Name of Contributor	10		Registration Number, if PAC	
Michael Thomas				
Street Address	Employer/Occup	pation/Labor Organization*	M D Y Amount	
2857 Canterbury Lane			0 5 1 1 0 5	50.00
City	State	Zip Code	Form(Cash,Check,etc)	
Columbus	$O \mid H$	43221	check	
Full Name of Contributor			Registration Number, if PAC	
James Thomas				
Street Address	Employer/Occup	oation/Labor Organization*	M D Y Amount	
5 E Long St, Ste 1209			0 5 1 1 0 5	30.00
City	State	Zip Code	Form(Cash,Check,etc)	
Columbus	O H	43215	check	
Full Name of Contributor			Registration Number, if PAC	
Joseph Mas				
Street Address	Employer/Occup	pation/Labor Organization*	M D Y Amount	100.00
206 Hiawatha Ave		la: 0.1	0 5 1 1 0 5	100.00
Westerville	State H	Zip Code 43081	Form(Cash,Check,etc)	
Full Name of Contributor	() II	45061	check Registration Number, if PAC	
G. Timothy Schwenk			Registration Number, it FAC	
Street Address	Employer/Occum	ation/Labor Organization*	M D Y Amount	
9009 Rivers End Dr.	Employer/Cocup	attor Lator Organization	0 5 1 1 0 5	250.00
City	State	Zip Code	Form(Cash,Check,etc)	250.00
Powell	ОН	43065	check	
Full Name of Contributor		10000	Registration Number, if PAC	
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount	
City	State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor	L		Parity of the State of the Stat	
ruii Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount	
City	State	Zip Code	Form(Cash,Check,etc)	

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event	Total expenditures this event	
		Page Total \$ 930.00
930 00 1	648 38 1	1

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page

Statement of Other Income

Prescribed by Secretary of State 2/01

50 T. P. II					· • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·
Name of Committee in Full						
Jay Perez for Judge Committee			Registrat	ion Num	ber, if PA	C
Full Name			1.cRion at		, AL L	· -
Jay Perez Address			М	D	Y	Amount
	Type*					500.00
614 Belvidere Ave	LN	G: 0.1	0 5 Form(Ca	0 6		300.00
City	State	Zip Code				
Columbus	OH	43223		checl		
Full Name			Registra	tion Num	ber, if PA	C
Address	Type*		M	D	Y	Amount
City	State	Zip Code	Form(Ca	sh,Checl	k,etc)	
			l			
Full Name			Registra	tion Nun	ber, if PA	.C
Tult 14mile						
	Type*		M	D	Y	Amount
Address	1900		1	l i		
	State	7:- Code	Form(Ca	sh Chec	k etc)	
City	State	Zip Code	romica	2511,C11CC	K,CIC)	
Full Name			Registra	tion Nun	iber, if PA	iC .
Address	Type*		M	D	Y	Amount
					1	
City	State	Zip Code	Form(Ca	sh,Chec	k,etc)	
City	1] `			
			Registra	tion Nun	ber, if PA	\C
Full Name			Trogistra		,	
			M	D	Y	Amount
Address	Type*		IVI		1	Altiouit
			7 (5			
City	State	Zip Code	Form(Ca	ash,Chec	k,etc)	
Full Name	,		Registra	tion Nun	nber, if PA	VC
	•					
Address	Type*		М	D	Y	Amount
/tuti-055	- 1		1	1 1		
	State	Zip Code	Form(C	ash,Chec	k.etc)	
City	State	Zip Code		,		
			Dagietro	tion Num	nber, if PA	·C
Full Name			Kegisua	ition ivan	noci, n i z	
		•		T =	Т	14
Address	Type*		M	D	Y	Amount
						:
City	State	Zip Code	Form(C	ash,Chec	k,etc)	
Full Name			Registra	ition Nun	nber, if P/	/C
Tun mane					•	
	T*		M	D	Y	Amount
Address	Type*		171		1 '	, should
				<u> </u>	1	
City	State	Zip Code	Form(C	ash,Chec	k,etc)	
• • • • • • • • • • • • • • • • • • •						
		Cabo Other Income Book	DE Cons	- frank	unanched	check or the

SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total \$ 500.00

^{*} Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee,

Page ____

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full				
Jay Perez for Judge Committee			17 15 19 1	nount
To Whom Paid	-			200.00
Jay Perez			0 4 1 8 0 5	200,00
Address	Purpose	104 NT	عامله مراجع منامله	
614 Belvidere Ave		t toward 31-N outs	tanding debt	
City	State	Zip Code	Check Number 1023	
Columbus	O H	43223		mount
To Whom Paid				200.00
Jay Perez			0 4 1 8 0 5	200.00
Address	Purpose	t torusand 21 NI auto	tanding debt	
614 Belvidere Ave		t toward 31-N outs	Check Number	
City	State H	2ip Code 43223	1024	
Columbus		40440		mount
To Whom Paid			0 4 2 0 0 5	348.81
Expenditures from Form 31-F			U 1 4 U U U	0.10.01
Address	Purpose			
	State	Zip Code	Check Number	
City	State	ent com		
D 117 D 11			M D Y A	mount
To Whom Paid Rowwick Manor			0 4 2 2 0 5	100.00
Berwick Manor	Purpose			
Address	tickate fo	or Dynamic Leader	ship Award Ceromo	ny
3250 Refugee Rd	State	Zip Code	Check Number	
City Columbus	O H	43232	1026	
			M D Y A	mount
To Whom Paid			0 4 2 2 0 5	500.00
Jay Perez	Purpose			
614 Belvidere Ave	navmen	t toward 31-N outs	tanding debt	
614 Belvidere Ave	State	Zip Code	Check Number	
Columbus	H	43223	1028	
To Whom Paid			M D Y A	amount
Buckeye Printing			0 5 0 6 0 5	750.00
Address	Purpose		· · · · · · · · · · · · · · · · · · ·	
217 N. Grant Ave	printing	Ţ		
City	State	Zip Code	Check Number	
Columbus	O H	43215	1030	
To Whom Paid			1 1 1	Amount
MBNA America			0 5 2 6 0 5	124.44
Address	Purpose			
PO Box 15286	Staples -		er Rd, Col. OH (prin	ting supp)
City	State	Zip Code	Check Number	
Wilmington	$D \mid E$	19886	1032	
To Whom Paid				Amount
MBNA America			0 5 2 6 0 5	90.13
Address	Purpose			
PO Box 15286	Staples -		er Rd, Col. OH (orga	anization)
City	State	Zip Code	Check Number	
Wilmington	$D \mid E$	19886	1033	

Page Total \$ 2.313.38

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Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full									
Jay Perez for Judge Committee					T4				
To Whom Paid			M	$\begin{bmatrix} 0 & 1 & 1 \\ 2 & 6 & 0 & 5 \end{bmatrix}$	Amount	370.00			
MBNA America	Purpose		0 3	2 0 0 5	1	370.00			
Address PO Box 15286		win Rivers Dr. (po	ostage)						
City	State	Zip Code	Check N	umber					
Wilimington	$D \perp E$	19886		1034					
To Whom Paid			М	D Y	Amount				
MBNA America			0 5	2 6 0 5		34.92			
Address	Purpose								
PO Box 15286	Registe	r.com (web hosting	g fee)						
City	State	Zip Code	Check N						
Wilimington	$D \mid E$	19886		1035					
To Whom Paid	-		M	D Y	Amount	04.50			
MBNA America			0 5	2 6 0 5		34.53			
Address	Purpose	0 NI-11 Olambam	Di 1	DA Col (a	D	مادة)			
PO Box 15286		& Nobel - Olentan	Check N	Ka, Coi. (C	amp. bo	JOKS)			
City	State E	Zip Code 19886	Check N	1036					
Wilimington	DE	19000	М	D Y	Amount				
To Whom Paid Expenditures from Form 31-F			0 4			309.20			
Address	Purpose	,	0 4	2 2 0 0		007.20			
Address	l'alpose								
City	State	Zip Code	Check N	lumber					
City									
To Whom Paid			М	D Y	Amount				
Expenditures from Form 31-F			0 5	1 1 0 5	;	397.38			
Address	Purpose		-						
City	State	Zip Code	Check N	lumber					
To Whom Paid			M	DY	Amount				
					<u> </u>				
Address	Purpose								
		Ta: 0.1.	Check N	Tb					
City	State	Zip Code	Check N	umber					
T. 171 D. (4			М	D Y	Amount				
To Whom Paid			141		2 unount				
Address	Purpose			<u> </u>					
Address	l' urposc								
City	State	Zip Code	Check N	lumber					
City	0	Lap cour							
To Whom Paid	-, , , , , 		М	D Y	Amount				
10 11000 1 666									
Address	Purpose				-				
City	State	Zip Code	Check N	lumber					

Page Total \$ 1.146.03

31-F R.C. 3517.10

Event Date	4-20-05
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Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full								
Jay Perez for Judge Committee								
To Whom Paid				M	D	Y	Amount	0.40.00
Due Amici				0 4	2 0	0 5	<u> </u>	348.81
Address	Purpose							
67 E Gay Street	food, o							
City	State		Zip Code	Check	Number	_		
Columbus	0	H	43215		1025			
To Whom Paid				M	D	Y	Amount	
Address	Purpose							
City	State	•	Zip Code	Check	Number			
To Whom Paid	<u>-</u>		М	D	Y	Amount		
Address	Purpose							
City	State	Zip Code	Check	Number				
To Whom Paid					D	Y	Amount	
Address	Purpose						-	
City	State Zip Code			Check	Number			
To Whom Paid		,.		M	D	Y	Amount	
Address	Purpose							
City	State Zip Code				Number			
To Whom Paid				M	D	Y	Amount	
Address	Purpose				· I			
City	State Zip Code				Number			
To Whom Paid				М	D	Y	Amount	
Address	Purpose					. <u> </u>		
City	State	2	Zip Code	Check	Number			
<u> </u>		\rightarrow						

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Page Total \$ 348.81

3	1-	F	
D	c	2517	10

Event Date	
Page	9

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

<u></u>							_
Name of Committee in Full						-	
Jay Perez for Judge Committee							
To Whom Paid			М	D	Y	Amount	_
MBNA America			0 4	2 2	0 5		309.20
Address	Purpose						
PO Box 15019	glasses						
City	State	Zip Code	Check	Number			
Wilmington	DE	19850		1027	7		
To Whom Paid	<u> </u>		М	D	Y	Amount	
				1 1			
Address	Purpose				<u> </u>	<u> </u>	
City	State	Zip Code	Check	Number			<u></u>
			İ				
To Whom Paid			M	D	Y	Amount	
Address	Purpose				<u> </u>		 :
City	State	Zip Code	Check 1	Vumbon			
2.1,	State	Zip Code	Check	vuiliber			
To Whom Paid				l p			
· ·			M	D	Y	Amount	
Address	- In					L	
Address	Purpose						
City							
City	State	Zip Code	Check 1	Number			
To Whom Paid			М	D	Y	Amount	
Address	Purpose						
City	State	Zip Code	Check N	Vumber			
To Whom Paid			М	D	Y	Amount	
Address	Purpose						
City	State	Zip Code	Check N	lumber			
To Whom Paid			М	D	Y	Amount	
				1	1		
Address	Purpose	- · · · · · · · · · · · · · · · · · · ·			ياسا		
City	State	Zip Code	ICharles V	l			
,	State	Zip Code	Check N	unioer			

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Page Total \$	309.20
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Page 1

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Trescribed by Secretar	y 01 5 mi							
Full Name of Committee								
Jay Perez for Judge								
To Whom Owed					Prior Ar	nount		Amt. Incurred this Period
Jay Perez							31.70	0.00
Address					Item or I	urpose fo	r Debt	Outstanding Balance
614 Belvidere Ave					prii	nting	sup.	1,031.71
City		1				Pa	yments !	Made This Period
Columbus	0 11 40220			Date		Amount		
Date Debt was originally Incurred		D	Y	ı	M	D	Y	\$
	0 1	0 6	6 0	5	$0 \mid 4$		0 5	200.00
Registration Number, if PAC					M	D	Y	
					0 4	2 2	0 5	500.00
					М	D	Y	
To Whom Owed					Prior Ar	nount		Amt. Incurred this Period
Jay Perez				1		1,75	52.90	0.00
Address				1	Item or P	urpose fo	r Debt	Outstanding Balance
614 Belvidere Ave						paign	sup.	1,552.90
City	State	Zip Co	de			· · · · ·		Made This Period
Columbus	ОН	43	3223	I		Date	y 111011100	Amount
Date Debt was originally incurred	М	D	Y	7	M D Y		Y	\$
	0 4	0 6	6 0	5	0 4	1 8	0 5	200.00
Registration Number, if PAC	<u> </u>	<u> </u>		1	M	D	Y	
					M	D	Y	
								·
To Whom Owed					Prior An	nount	يسنيا	Amt. Incurred this Period
Jay Perez				ı				541.80
Address				1	tem or P	urpose for	Debt	Outstanding Balance
1655 Gables Court				I	cami	paign	sup.	541.80
City	State	Zip Co	de	十				<u> </u>
Columbus	ОН	43	3235	Ī		Pay Date	yments iv	Ande This Period Amount
Date Debt was originally Indurred	M	D	Y	7	M	D	Y	\$
The second secon	0 5	1 2	2 0	5				
Registration Number, if PAC		نئــ	.1.5.1	Ť	M	D	Y	
				ĺ				
					M	D	Y	
						i	1	

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made this period to the Statement of Expenditures (Form No. 31-	В).
Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.	

Total Payments this Period \$	900.00	(also record on Form 31-B)
Total Outstanding Balance \$	3,126.41	(also record on cover page)

Event Date	5-11-05
Page	10

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full						
Jay Perez for Judge Committee						
To Whom Paid			T 1/4	ΙD	Tü	IA.
MBNA America			М	D	Y	Amount
Address	Purpose		0 5		0 5	397.3
PO Box 15286	· ·	ai. 67 E Carr St. C	al OII	6	1 1	.1
City	State	ci; 67 E Gay St, C	Check	- IOOC Number	ı, arıı	1KS
Wilmington	I	19886	Check	1031		
To Whom Paid						Amount
			"	D	Y	Amount
Address	Purpose					
	i urpose					
City	State	Ch I				
eny	State Zip Code			Number		
To Whom Paid				7 _	7	
TO WHOM FAIL			M	D	Y	Amount
Address						<u> </u>
Address	Purpose					
20						
City	State	Zip Code	Check 1			
				,	T	
To Whom Paid			M	D	Y	Amount
Address	Purpose					
City	State	te Zip Code Check Number				
	, and the second					
To Whom Paid			M	D	Y	Amount
Address	Purpose					
City	State	Zip Code	Check N			
To Whom Paid			M	D	Y	Amount
			.			
Address	Purpose					
City	State	Zip Code	Check N	lumber		
To Whom Paid			М	D	Y	Amount
Address	Purpose			<u> </u>		
City	State	Zip Code	Check N	umber		
	1		ł			
		1				

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

31-C R.C. 3517.10

Page	11	
		-

Statement of Loans Received

Prescribed by Secretary of State3/05

T IIV											
Full Name of Committee Jay Perez for Judge Comn	nittee										
						Prior Amount			Amt. Incurred this Period		
Jay Perez										500.00	
Address 1655 Gables Court										Outstanding Balance 500.00	
	e Zip Code	1	ne Paceis	ad This	Period				Pavm	ents This Period	
	State Zip Code Loans Received This Period O H 43235 Date Amount						Date Amount				
eare control control was M	D Y	М	D	Y	S		M	D	Y	S	
	5 0 6 0 5	0 5	0 6	0 5	l	500.00		1			
Registration Number, if PAC	0 0 0 0 0 0	M	D	Y			M	D	Y		
,											
Employer/Occupation/Labor Organization*		М	D	Y			M	D	Y		
					1						
From Whom Received							Prior Ar	nount		Amt. Incurred this Period	
Address	<u> </u>									Outstanding Balance	
City	te Zip Code	Los	Loans Received This Period			Amount		Date	•	nents This Period Amount	
Date Loan was ornginalis M	DY	M	Date D	Y	ls ·	Allouit	М	T D	Y	Is .	
incurred		141		1	ľ	٠			1		
Registration Number, if PAC		М	D	Y			М	D	Y		
Employer/Occupation/Labor Organization*		M	D	Y	-		М	D	Y		
	·						Prior A	mount		Amt. Incurred this Period	
From Whom Received							FIIOI AI	inoun		Ant. incurred this i criod	
Address				· · · · · · · · · · · · · · · · · · ·						Outstanding Balance	
City	te Zip Code	Loans Received This Period							•	ents This Period	
Date: Joan was organisty // // M	DY	M	Date D	Y	s	Amount	M	Date	Y	Amount \$	
ncussed									Y		
Registration Number, if PAC		М	D	Y			М	D			
Employer/Occupation/Labor Organization*		М	D	Y			М	D	Y		
				<u> </u>	<u> </u>						
 Required for contributions over \$100 to statewic if any, rather than employer should be listed. If tw the employees are members, if any, must appear. I 	o ormore employees de	y candidat onate via p	tes. If com payroll dec	tributor is duction as	self-emplo ad exceed	oyed, occupation and the aggregate of \$10	the nam 0, the lab	ne of the incorrorganiz	dividual's ation of w	business, thich	
If a loan is forgiven, write "Forgiven" in the "Outs Transfer total of all payments made in this period	tanding Balance" space to the Statement of Exp	e. Transfer penditures	r total of a (Form No	ll loans re o. 31-B).	eceived thi Fransfer T	s period to the States otal Outstanding Bal	ment of (Other Incor	ne (Form age (Form	No. 31-A-2). No. 30-A).	
1 Total prior amount \$	0.00	-									
2 Total received this period \$	5	00.00	_ (To For	m No. 31	-A-2)						
3 Total Payments this Period \$	0.00 (also record on Form 31-B)										
4 Total Outstanding Balance \$	5	00.00	_ (To For	m No. 30	-A)						